

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 126  
Registered No. 144

**1. PLACE OF BIRTH**

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Andrew Vuletich

If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

male

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

5. No., in order of birth \_\_\_\_\_

**6. Legitimate?**

Yes

**7. Date**

of birth Aug. 13, 1928  
Month Day Year

**8.**

**FATHER**

Full name

Mato Vuletich

**9. Residence**

(Usual place of abode)

Globe,

If non-resident, give place and state. Ariz.

**10. Color or race**

White

11. Age at last birthday 44 (Years)

**12. Birthplace (city or place)**

(State or country)

Jugo. Slavia

**13. Occupation**

Nature of industry

miner

**14.**

**MOTHER**

Full maiden name

Janje Regus

**15. Residence**

(Usual place of abode)

Globe,

If non-resident, give place and state. Ariz.

**16. Color or race**

White

17. Age at last birthday 40 (Years)

**18. Birthplace (city or place)**

(State or country)

Jugo. Slavia

**19. Occupation**

Nature of industry

Housewife

**20. Number of children of this mother**

11

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 3

(c) Stillborn 5

**21. Were precautions taken against ophthalmia neonatorum?**

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P. m. on the date above stated  
(Born alive or stillborn.)

Signature

T. C. Harper

Physician

(Physician or midwife).

Address

Globe, Arizona

Filed 9/13

1928

E. E. Wightman

Registrar

Registrar

MARGIN RESERVED FOR BIN

PLAINLY WITH UNFADING INK—THIS IS

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

158-813-192